## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3-31-09</u>	Address:	North Skyline Dr	
Case #:	<u>45-49659</u>		Floyds Knobs, IN	
County:	<u>Floy</u> d			
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	heck all that apply)  Hotel/Motel  Open - No Structure  Other:	
Corrosiv	nd: Location (bedroom, kitchen, open aist apply)  /Ammonia Reaction(s):  osphorous/Iodine Reaction(s): OPEN  ble Solvents: OPEN FIELD  ceactive Metal (Lithium):  ous Ammonia;  cloric Acid Gas Generator(s):  re Acid: OPEN FIELD  to Base: OPEN FIELD  to Base: OPEN FIELD	<u>FIEI.D</u>		
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agenci  Fire Department: LAFAYETTE VFD		Ephcdrine. Retail/Mer Other: cies that serve the loc		
Health Depar	rtment: <u>FLOYD CO</u> tion Service: <u>N/A</u>		Fax: <u>ON SCENE</u> Fax: <u>948.2208</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TROOPER JACKIE SMITH Phone 812,246,5424				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retemion.